

USACE GUIDANCE FOR USING DTS (REQUIRED FOR ACTEDS FUNDING)

DETERMINE WHICH CATEGORY YOU FIT INTO:

A – DTS Profile Existing: You have had a DTS profile at some point prior, even if with another organization.

OR

B – You have never used DTS and do not have a profile.

Group A – Existing Profile:

1. Contact CPM to be “added to CPD Organization” – CPM will liaison with 357 to add to CPD and/or request release from existing organization if needed (if you are attached to another UIC, you may be provided a POC to request, via email, to be detached so you can be attached to CPD)
2. Once added to CPD, you can sign into DTS and update your profile to ensure all information is correct and your CURRENT GOVCC information is reflected
3. Continue with ACTEDS funding guidance

Group B – No DTS Profile:

1. Complete the DTS Profile Sheet using the instructions below:
 - Common Data - Leave org name field the same as reflected (TRV will update appropriately)
 - General Traveler Data - leave routing list name & default LOA label BLANK
 - Personal Data – Complete all fields
 - Duty Station Data – Complete all fields (TRV will update appropriately)
 - GOVCC Data – Complete all fields including bank account routing and account number (this information is used for reimbursement when voucher is filed)
2. Submit your DTS Profile Sheet to Career Program Manager (tamara.a.nazario.civ@mail.mil) this will be forwarded to TRV
3. Complete the Basic DTS Training:

<https://www.defensetravel.dod.mil/Passport/bin/Passport.html?CFID=72632806&CFTOKEN=4e4b08516ca9b266-3B90087D-0100-7D2B-00A9C4D2A133A38F#>

Log in with CAC

Go to “Training”

Select “My Roles”

Check “I have a Travel Card”

Check “I am a DoD Traveler and/or use DTS”

Select “View Recommended Training” and “View All”

Select DTS (Basic), DTS Travel Documents (DTS 101)

Select Programs & Policies - Travel Card Program (Travel Card 101)

Notify your Career Program Manager when training is complete. TRV will build the profiles in DTS and serve in the routing chain for USACE travelers using ACTEDS funding.

Create Person (User / Traveler)

* Required

For "Organization Name", "Organization Access", and "Group Access" fields, please enter four or more characters in the corresponding field to display list of available organizations.

Common Data

SSN: XXXXXXXX

First Name: *

Middle Initial:

Last Name: *

Organization Name: *

Email: *

User Specific Data

Organization Access: *

Group Access:

--Organization Owner Name
--Group Name

Editable Permission Level(s): * 0 1 2 5

Approval Override: * NO

Manually Entered Transaction: * NO

Non-DTS Entry Agent (T-Entered): * ☐ Yes ☒ No

It may take up to a day to propagate a user to specific groups in the BI and Reporting Tool, depending on permission levels.

DTA's BI and Reporting Tool Access: No

BI and Reporting Tool Access: * NO

Self-AO Approval: * ☐ Yes ☒ No

No User ID:DEFAULT [Reset User ID](#)

General Traveler Data

Civilian / Military: *

Title / Rank: * You must select an option from the 'Civilian / Military' list.

Mailing Address Line 1: *

Mailing Address Line 2:

City: *

State / Country: * [Lookup](#)

Zip / Postal Code: *

Is mailing address same as residential address? ☐ Yes ☒ No

Routing List Name: *

Default LOA Label:

Personal Data

Gender: *

Resident Address Line 1:

Resident Address Line 2:

Resident City:

Resident State / Country: [Lookup](#)

Resident Zip / Postal Code:

Resident Phone Number: *

Emergency Contact Name: *

Emergency Contact Phone Number: *

Duty Station Data

Printed Organization Name:

Present Duty Station Name:

Service / Agency by which the traveler is employed: *

Number of Work Hours / Day:

Time Zone: *

Duty Station Address Line 1: *

Duty Station Address Line 2:

Duty Station City: *

Duty Station State / Country: * [Lookup](#)

Duty Station Zip / Postal Code: *

Mail Code:

Duty Station Phone Number: *

Duty Station Fax Number:

Number of Miles to Closest Airport:

Unit ID: *

Other Data Elements

Tech Status (For Information Only): *

Government Charge Card (GOVCC) Data

CSA/TTR: * No

Gov't Charge Card Holder: * ☒ Yes ☐ No

No Advance Authorization:

Mandatory Use Of GOVCC: * ☒ Exempt ☐ Non-

Exempt Account Number:

GOVCC Exp. Date:

[Save Person](#)[Cancel](#)

Personal Acct# _

Routing # _